

## PART B - FEE(S) TRANSMITTAL

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**Mail Stop ISSUE FEE  
Commissioner for Patents  
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APR 19 2004

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20995      7590      01/22/2004

**KNOBBE MARTENS OLSON & BEAR LLP**  
2040 MAIN STREET  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

**Nancy W. Vensko, Reg. #36,298**

(Depositor's name)

*J.W. Vensko*      4/16/04

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/938,706	08/23/2001	Bruce J. Baum	NIH156.001C1	1773

**TITLE OF INVENTION: ARTIFICIAL SALIVARY GLAND**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	04/22/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
AKHAVAN, RAMIN	1636		435-325000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*Knobbe, Martens,  
Olson & Bear LLP*

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Government of the United States of America, as represented by the Secretary, Department of Health and Human Services

Washington, D.C.

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

Issue Fee

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.

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Payment by credit card. Form PTO-2038 is attached.

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*Nancy W. Vensko, Reg. #36,298*

(Authorized Signature)

(Date)

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04/20/2004 JADDO2 00000121 09938706

01 FC:1501	1330.00	OP
02 FC:1504	300.00	OP
03 FC:8001	30.00	OP

TRANSMIT THIS FORM WITH FEE(S)



PATENT

Case Docket No. NIH156.001C1  
Date: April 16, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Baum et al.  
Appl. No. : 09/938,706  
Filed : August 23, 2001  
For : ARTIFICIAL SALIVARY GLAND  
Group Art Unit : 1636  
Class/Sub-Class : 435/325000  
Examiner : Akhavan, R.

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

April 16, 2004

(Date)

  
Nancy W. Vensko, Reg. No. 36,298

TRANSMITTAL LETTER

MAIL STOP ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

(X) Form PTOL-85.  
(X) A check in the amount of \$1660 to cover the issue fee, publication fee, and advanced order of copies is enclosed.  
(X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.  
(X) Return prepaid postcard.

  
Nancy W. Vensko  
Registration No. 36,298  
Attorney of Record  
Customer No. 20,995  
(805) 547-5580